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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. 500.38828X00

First Inventor or Application Identifier Tadayuki SAKAKIBARA

Title COMPUTER SYSTEM

Express Mail Label No. **APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

1. * Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
2. Specification [Total Pages 32]
 - Descriptive title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to Microfiche Appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
3. Drawing(s) (35 U.S.C. 113) [Total Sheets 11]
4. Oath or Declaration [Total Pages 5]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 C.F.R. § 1.63(d))
(for continuation/divisional with Box 16 completed)
 - i. DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

* NOTE FOR ITEMS 1 & 13 IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28).

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

5. Microfiche Computer Program (Appendix)
6. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
 - a. Computer Readable Copy
 - b. Paper Copy (identical to computer copy)
 - c. Statement verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

7. Assignment Papers (cover sheet & document(s))
8. 37 C.F.R. § 3.73(b) Statement Power of (when there is an assignee) Attorney
9. English Translation Document (if applicable)
10. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
11. Preliminary Amendment
12. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
13. * Small Entity Statement(s) Statement filed in prior application (PTO/SB/09-12) Status still proper and desired
14. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
15. Other: See 1 in Addendum

Continued on
.....**16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:** Continuation Divisional Continuation-in-part (CIP)

of prior application No: /

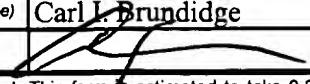
Prior application information: Examiner _____

Group / Art Unit: _____

For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

17. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	020457	or <input type="checkbox"/> Correspondence address below (Insert Customer No. or Attach bar code label here)
Name		
Address		
City	State	Zip Code
Country	Telephone	Fax

Name (Print/Type)	Carl I. Brundidge	Registration No. (Attorney/Agent)	29,621
Signature			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

for FY 2000

Patent fees are subject to annual revision.

Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12. See 37 C.F.R. §§ 1.27 and 1.28.

TOTAL AMOUNT OF PAYMENT (\$808.00)

Complete if Known

Application Number	
Filing Date	July 28, 2000
First Named Inventor	Tadayuki SAKAKIBARA
Examiner Name	
Group / Art Unit	
Attorney Docket No.	500.38828X00

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **01-2135**Deposit Account Name **Antonelli,Terry,Stout&Kraus** Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17

2. Payment Enclosed:

 Check Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101	690	Utility filing fee	690.00
106	310	Design filing fee	
107	480	Plant filing fee	
108	690	Reissue filing fee	
114	150	Provisional filing fee	

SUBTOTAL (1) (\$ 690.00)

2. EXTRA CLAIM FEES

	Extra Claims	Fee from below	Fee Paid
Total Claims	18	-20** = 0	0
Independent Claims	4	- 3** = 1	78
Multiple Dependent			0

** or number previously paid, if greater; For Reissues, see below

Large Entity Fee Code (\$)

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	Claims in excess of 20
102	78	Independent claims in excess of 3
104	260	Multiple dependent claim, if not paid
109	78	** Reissue independent claims over original patent
110	18	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 78.00)

* Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 40.00)

Complete (if applicable)

Name (Print/Type)	Carl L. Brundidge	Registration No. (Attorney/Agent)	29,621	Telephone	312-6600
Signature				Date	July 28, 2000

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Attorney Docket Number: 500.38828X00
First Named Inventor or Application Identifier: Tadayuki SAKAKIBARA

Utility Patent Application Transmittal (PTO/SB/05):

15. Other Accompanying Application Parts (continued)

Credit Card Payment Form

Attachment to PTO/SB/05 (4/98) Utility Patent Application
Transmittal

1. - Figs. 1-12
- Information Disclosure Sheet Under 37
- CFR 1.56 with References

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United States Patent & Trademark Office

Credit Card Payment Form

Please Read Instructions before Completing this Form

Credit Card Information

Credit Card Type:	Visa	MasterCard	<u>American Express</u>	Discover
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Credit Card Account #:

Credit Card Expiration Date: 06 / 02

Name as it Appears on Credit Card: Melvin Kraus

Payment Amount: \$(US Dollars): 808.00

Signature: <i>Melvin Kraus</i>	Date: July 28, 2000
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Refund Policy: The Office may refund a fee paid by mistake or in excess of that required. A change of purpose after the payment of a fee will not entitle a party to a refund of such fee. The Office will not refund amounts of twenty-five dollars or less unless a refund is specifically requested, and will not notify the payor of such amounts (37 CFR 1.26). Refund of a fee paid by credit card will be via credit to the credit card account.

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Street Address 2: Suite 1800

City: Arlington

State: Virginia	Zip/Postal Code : 22209
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Country: USA

Daytime Phone #: (703) 312-6600	Fax #: (703) 312-6666
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Request and Payment Information

Description of Request and Payment Information:

BASIC FILING FEE

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No.	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No.		Identify or Describe Mark	
500.38828X00			

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